### BARABOO BUSINESS IMPROVEMENT DISTRICT BOARD OF DIRECTORS MEETING AGENDA

Date and Time: Wednesday, November 16, 2022 at 6:00 P.M.

**Location:** Council Chambers, City Hall 101 South Blvd. Baraboo S. Fay, A. Killgallon, B. Stelling, T. Wickus, M. Miller, K. Thurow, Tracey Sefkar,

Brenden McDaniel, Deirdre Marshall

Others Noticed Casey Bradley

Media: News Republic, WRPQ, Library, City Hall

### **OPENING**

- 1. Call to Order.
- 2. Roll Call.
- 3. Announce compliance with Open Meeting Law.
- 4. Approve Minutes of October 19, 2022.
- 5. Adoption of Agenda.

### REPORTS OF OFFICERS and COMMITTEES

- 1. President
- 2. Secretary
- 3. Treasurer
- 4. Appearance Committee
- 5. Business Development Committee
- 6. Finance Committee
- 7. Parking Committee
- 8. Promotions Committee

### **OLD BUSINESS**

### **NEW BUSINESS**

- Discuss and make a motion on \$500.00 fund request for the Ice Age Trail
- Approval of financials
- Approval of Vouchers

### NEXT AGENDA ITEMS AND MEMBER COMMENTS

### **CORRESPONDENCE & ANNOUNCEMENTS**

**NEXT MEETING** – December 21, 2022 at 6:00 PM

### **ADJOURNMENT**

Sarah Fay, Chairperson

Board Members are asked to notify the President or Vice President at least 24 hours before the meeting if they will not be able to attend. Agenda prepared by S. Fay Agenda posted by D. Griggel on 11/11/2022

**PLEASE TAKE NOTICE** that any person who has a qualifying disability as defined by the Americans with Disabilities Act that requires the meeting or materials at the meeting to be in an accessible location or format, should contact City Clerk Brenda Zeman, phone # 355-2700, ext. 7311, during regular business hours at least 48 hours before the meeting so that reasonable arrangements can be made to accommodate each request.

It is possible that members of, and possibly a quorum of members of, other governmental bodies of the City of Baraboo who are not members of the above Council, committee, commission, or board may be in attendance at the above stated meeting to gather information. However, no formal action will be taken by any governmental body at the above stated meeting, other than the Council, committee, commission or board identified in the caption of this notice.

FOR INFORMATION ONLY, AND NOT A NOTICE TO PUBLISH

### Baraboo BID Meeting Minutes 10/19/2022

Present:

Members: S. Fay, A. Killgallon, K. Thurow, M. Miller, B. McDaniel, T. Sefkar, D. Marshall, B. Stelling

Absent:

Members:

Other:

President Fay called the meeting to order at 6:00pm In Compliance of Open Meeting Laws

Approval of August 2022 minutes: Killgallon, McDaniel. Carried

Amendment of 2022 BID Assessment

Adoption of Agenda: Thurow, McDaniel Carried

### **Officer/Committee**

President: Fay

Secretary: Killgallon

Treasurer: Stelling

Appearances: Stelling

**Business Development: Marshall** 

Finance: Wickus/Stelling

Parking: Fay

**Promotions: Wickus** 

### Reports

- None
- None
- None
- No word from lighting company. Will continue to attempt to move forward with them.
- Baskets will be coming down this week
- DBI will be switching out banners this week
- None
- None
- None
- None

### Old Business:

- Approval on 2023 BID Assessment
  - Wickus, McDaniel

### **New Business:**

- Approval of Financials
  - Wickus, Marshall Carried
- Approval of Vouchers
  - \$1,700.28 City of Baraboo

- 2022 Billing Services & 2<sup>nd</sup> Quarter Copies
- \$552.73 Amy Schertz
  - Fall 2022 BID Planters
- \$566.81 Amy Schertz
  - Summer 2022 BID Planters
- \$6,060 Willie Deppe
  - Planter Watering and Maintenance

### \$8,879.82 Total

- Motion to Approve Wickus, Marshall , Carried
- Next Agenda Items
  - Nov 16th, 2022 at 6:00pm

Motion to Adjourn at 6:19p, Killgallon, McDaniel, carried.

Respectfully Submitted Andy Killgallon

### Vinyl Graphics For You LLC 409 4th Ave Baraboo, WI 53913 US sales@vinylgraphicsforyou.com



### **INVOICE**

**BILL TO** 

The City of Baraboo Business Improvement District **INVOICE #** 1755

**DATE** 11/01/2022 **DUE DATE** 12/01/2022

TERMS Net 30

DATE	ACTIVITY	DESCRIPTION		QTY	RATE	AMOUNT	
11/01/2022	Printed Banners	Supplied art file	Full Color Printed Banners Supplied art file 7x13' with grommets		275.00	275.00	
11/01/2022	Install	Install line item 1 next to Johnsen per hour	insurance	0.75	65.00	48.75	
online or if mailing WI 53913 and rep	u business, you can pay via C g a Check please send them t oly to you invoices to advise u sible late charges.	to 409 4th Ave Baraboo,	SUBTOTAL TAX TOTAL BALANCE DUE			323.75 0.00 323.75 <b>\$323.75</b>	

### Waterfront Graphic Design

W10994 Eagle Drive Lodi, WI 53555 US amy@waterfrontgraphic.com www.waterfrontgraphic.com

### Invoice



BILL TO

The City Of Baraboo Business Improvement District

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
13531	11/02/2022	\$150.00	12/02/2022	Net 30	

DATE	SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
11/01/2022	Hourly Rate - Print Design	Downtown Baraboo Billboard Design	1.50	100.00	150.00

**BALANCE DUE** 

\$150.00







### Statement - Premium Due

000908 128 1000641776 48050 06 BUSINESS IMPROVEMENT DISTRICT 101 SOUTH BLVD BARABOO WI 53913

 Amount Due:
 \$660.00

 Due Date:
 11/20/2022

**Account Number:** 1000641776 **Policy Number(s) with Premium Due:** 

0046173

Statement Prepared On: 10/27/2022

Questions regarding your insurance coverage:

Don-Rick Insurance (608)356-6606

**Questions regarding your statement:** 

Cincinnati Corporate Billing 877-942-2455, *CinciBill@cinfin.com* Monday-Friday, 7:30 a.m.- 6 p.m. Eastern Time Saturday, 8 a.m.- noon Eastern Time

Pay Online	cinfin.com
or by Phone:	800-364-3400
	Payments may be made by checking, savings or credit card. We accept Visa®, MasterCard®, Discover®, and American Express® cards.
	Payments confirmed prior to 3 p.m. Eastern Time are applied the same business day, Monday-Friday, excluding bank holidays.
Payment	The Cincinnati Insurance Company
Address:	P.O. Box 145620
	Cincinnati, OH 45250 - 5620
Overnight	The Cincinnati Insurance Company
Payment	Attention: Corporate Accounts Receivable
Address:	6200 South Gilmore Road
	Fairfield, OH 45014 - 5141

### Please detach and return the remittance stub below with your payment.

Make check payable to: THE CINCINNATI INSURANCE COMPANY. \*Please include your account number on the check. Do not send cash. If paying multiple accounts include the remittance stub for each.

 Account Number
 Due Date
 Amount Due

 1000641776
 11/20/2022
 \$660.00

Late Payments: A fee of up to \$25 and/or account cancellation may result if the total amount due is not received and posted by the due date.

BUSINESS IMPROVEMENT DISTRICT 101 SOUTH BLVD BARABOO WI 53913 Please mark for change of address and complete the reverse side.

THE CINCINNATI INSURANCE COMPANY PO BOX 145620 CINCINNATI OH 45250 -5620

Page 2 of 5

Payor Name: BUSINESS IMPROVEMENT DISTRICT Account Number: 1000641776

Account Number: 1000641776 Policy Number(s): 0046173

Change of Address *Please print clearly in blue or black ink.								
☐ Billing Address (applies to all policies) ☐ Policy Mailing Address ☐ All Policies ☐ List Selected Policies								
Street Address								
City, State								
Zip Code		Area Code and Business Phone						
Email Address								



Payor Name: BUSINESS IMPROVEMENT DISTRICT

**Account Number: 1000641776** 

SUMMARY OF YOUR ACCOUNT:

Current Policy Activity \$660.00

**Amount Due for Account** 

\$660.00

CURRENT POLICY ACTIVITY:

POLICY TYPE: Commercial Package Policy POLICY NUMBER: 0046173 EXPIRATION DATE: 11/20/2023

PAY PLAN: Annual NAMED INSURED: BUSINESS IMPROVEMENT DISTRICT

COVERAGE PROVIDED BY: The Cincinnati Insurance Company

Effective Date Description Amount Due

11/20/2022 Installment \$660.00

\$660.00

Request ID: 1984769422 Page 4 of 5

#### Premiums Due

Payment is due on the **Due Date** shown on the front of the account statement. Please allow sufficient time for postal delivery. Online or phone payments that receive a confirmation number before 3 p.m. Eastern Time are applied the same day. Payments confirmed after 3 p.m. Eastern Time are processed the next business day Monday through Friday, excluding bank holidays. **If you are sending your payment by mail, please make check payable to The Cincinnati Insurance Company.** 

#### Direct Bill Fees

A late, non-sufficient funds or reinstatement fee of up to \$25 each, not to exceed the amount filed with and approved by the state where the payor of your account is located may be charged if:

- Payment is received after the **Due Date** shown on the account statement or a partial payment of the amount due was received without a corresponding pay plan change. Call your agent to make a pay plan change. Failure to pay the full amount due including late fees may result in additional late fees being imposed on your account.
- Your financial institution returns your check or declines your EFT due to nonsufficient funds.
- A policy reinstatement was processed after a notice of cancellation for nonpayment of premium became effective.

### Payments on Your Account

Payments are posted to your account, not to a specific policy contained within your account. Payment on an account with more than one policy is applied based upon the current amount due for each policy. Any partial payment - an amount less than the **Amount Due**, as shown on the front of this statement - is applied proportionately to policies with a current balance due. If you want payments posted to a specific policy(ies) and not to a multi-policy account, please contact your agency and request single policy billing. You will receive a separate statement for each policy.

#### Partial Payments - Change of Pay Plan

A partial payment of the Amount Due does not change the pay plan. You may receive a late notice or cancellation notice for partial payments made without a corresponding pay plan change. Please refer to Direct Bill Fees.

To change your pay plan, please contact your agency. The pay plans available are monthly, quarterly, semi-annual and annual pay. You can elect to pay your premiums by electronic funds transfer (EFT) or direct invoice. Please note that electronic funds transfer (EFT) is not available in Texas or Nevada.

#### **Audit Premiums**

For policies subject to audit, any additional premium is due in full once the audit is complete. If you are paying premiums by electronic funds transfer (EFT), we will advise you of the withdrawal date and amount before a withdrawal is initiated. Your audit premium will be withdrawn from your bank account on the **Due Date** reflected on your statement. An unpaid audit may result in the cancellation of your current policy(ies) for nonpayment of premium. Any return premium in excess of the premium due for your current policy (ies) is applied to the unpaid audit(s).

#### **Premiums Due After Cancellation**

If your policy is canceled for nonpayment of premium, you may receive a statement from The Cincinnati Insurance Company for the premium due to us for coverage provided between the original due date and the legal date of cancellation. Coverage remains in effect up to the legal cancellation date as shown on the cancellation notice. For each day coverage remains in effect during the notification period, additional premium is due. Failure to pay the additional earned premium may result in your account being referred to a collection agency.

### Coverage No Longer Needed or Replaced with another Carrier

Premiums shown on this statement may not be due for your policies with The Cincinnati Insurance Company that are no longer needed or policies replaced by coverage from another carrier. Please contact your agency to discuss your account.

### Endorsements Due in Full

Policy endorsements are payable in full. We will not revise any remaining unpaid installments for the current policy year. Credits for return premiums greater than the current amount due will be on future account statement(s). For multi-year policies, we will adjust the annual premium on the anniversary date and include the applicable charges or credits for any changes made during the prior policy period. Does not apply to Workers Compensation or North Carolina nonfleet private passenger auto policies.



### DISCLOSURE OF DIRECT BILL FEES AND CHARGES



NO COVERAGE IS PROVIDED BY THIS DISCLOSURE, nor can it be construed to replace any provision of your policy. YOU SHOULD READ YOUR POLICY AND REVIEW YOUR DECLARATIONS PAGE CAREFULLY for complete information on the coverages provided.

Your insurance premium is being paid directly to us rather than through your insurance agency. We appreciate your prompt payment of the premium. Please note that these fees and charges apply only in the event your payment is late (Late Charge), is returned to us for insufficient funds (Non-Sufficient Funds (NSF) Charge), or if your policy was previously canceled for nonpayment of premium and has been reinstated (Reinstatement Fee) at either your or your agent's request. We are not required to reinstate a policy once cancellation for nonpayment of premium has become effective. The decision to reinstate coverage is solely at our discretion.

Payments will be applied first to any applicable fees and charges and then to outstanding premium in the following states: AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IN, IA, KS, LA, ME, MA, MI, MS, MO, NE, NV, NH, NJ, ND, OH, OK, OR, PA, RI, SD, TN, TX, UT, VT, VA,WA, WV, WI, WY. If the payment received is not sufficient to cover the total amount due and owing, including all premium, fees and charges billed, we will apply your payment first to the fee or charge and any remaining amount will then be applied to the billed premium. If a portion of the billed premium remains unpaid, an additional late charge may be assessed and the unpaid premium may result in the cancellation of your account for nonpayment of premium.

Payments will be applied to premium first and then to any applicable fees and charges in the following states: IL, MN, NM, NY and SC. If the payment received is not sufficient to cover the premium, fees and charges billed, we will apply your payment first to the billed premium with any remaining payment being applied to the fees or charges.

Fees and charges do not apply in the following states: KY, MD, MT and NC.

Not all fees and charges are applicable in all states. Applicable fees and charges are listed below. Following the description of each fee or charge, the states where the fee or charge applies are listed as well as the amount of the fee or charge.

Late Charge: A late charge may be added to your account if your payment is received and processed after the due date; or if the amount of your payment was less than the amount that was due. Late charges do not apply to accounts that are paid by Electronic Funds Transfer (EFT). The amount of the late charge is determined by the charges filed with and approved by the state where the payor of your account is located.

\$10 AK, FL, RI, and SC;

\$15 MA; and

\$25 AL, AZ, AR, CA, CO, CT, DE, DC, GA, HI, ID, IL, IN, IA, KS, LA, ME, MI, MN, MS, MO, NE, NV, NH, NM,

ND, OH, OK, OR, PA, SD, TN, TX, UT, VT, VA, WA, WI and WY.

**Non-Sufficient Funds (NSF) Charge:** We forgive the first non-sufficient funds charge. For each subsequent return of payment while continuously insured with The Cincinnati Insurance Companies, a NSF charge may be added to your account. The amount of the NSF charge is determined by the charges filed with and approved by the state where the payor of your account is located. \$10 AK, FL, NJ, RI, and SC;

\$15 MA:

\$20 NY; and

\$25 AL, AZ, AR, CA, CO, CT, DE, DC, GA, HI, ID, IL, IN, IA, KS, LA, ME, MI, MN, MS, MO, NE, NV, NH, NM,

ND, OH, OK, OR, PA, SD, TN, TX, UT, VT, VA, WA, WI, WW and WY.

Reinstatement Fee: We forgive the first reinstatement fee. For each succeeding reinstatement due to nonpayment of premium while continuously insured with The Cincinnati Insurance Companies, a reinstatement fee may be added to your account. The amount of the reinstatement fee is determined by the fees filed with and approved by the state where the payor of your account is located.

\$10 AK, RI, and SC;

\$15 MA;

\$20 NY; and

\$25 AL, AZ, AR, CA, CO, CT, DE, DC, GA, HI, ID, IL, IN, IA, KS, LA, ME, MI, MN, MS, MO, NE, NV, NH, NM,

ND, OH, OK, OR, PA, SD, TN, TX, UT, VT, VA, WA and WY.



### NOTICE TO POLICYHOLDERS DIRECT BILL ACCOUNT CREDIT PROCEDURE

This is a notice of how an account credit will be applied to your policy or to all of the policies being billed as a single account.



### **Account Credits**

- A. If your account is comprised of a single policy and an endorsement or premium audit results in a credit (return premium), the credit is applied to that policy. If your account does not have a future installment due at the time the endorsement or audit is processed, the credit is refunded to the payor listed for your account. If you do not wish for credits to be automatically applied to future unpaid installments, please contact us to request a refund. Please note that the amount of the refund may vary based upon the date you contact us and your billing schedule.
- **B.** If your account is comprised of **more than one policy** and an endorsement or premium audit results in a credit (return premium), the credit is applied in the following manner:
  - · Payments previously applied to your account are deferred.
  - The credit that results from the endorsement or audit is applied to the policy generating the credit.
  - The payments that were deferred are then reapplied to the account in order to satisfy the amount due.
  - Any excess payment that results from the credit is applied proportionately to your policies with a future payment or installment due.
  - If you do not wish for credits to be automatically applied to future unpaid installments, please contact us to request a refund. Please note that the amount of the refund may vary based upon the date you contact us and your billing schedule.
  - If your account does not have a future installment or payment due at the time the endorsement or audit is processed, the credit is refunded to the payor listed for your account.

(Does not apply to audit return premium for payors located in New York; does not apply to premiums due more than 30 days from the date of processing for payors located in New Hampshire. These credits are automatically refunded to the payor)

To request a refund, contact us at:

Mailing Address

Toll free phone number

Electronic mail

The Cincinnati Insurance Company

PO Box 14529

Cincinnati, OH 45250-0529

877-942-2455

CinciBill@cinfin.com





The Cincinnati Insurance Company ■ The Cincinnati Indemnity Company
The Cincinnati Casualty Company ■ The Cincinnati Specialty Underwriters Insurance Company
The Cincinnati Life Insurance Company



### **Electronic Funds Transfer: A Convenient Payment Option**

Spend less time writing checks, avoid mailing costs and stop worrying about delayed or lost mail. Electronic Funds Transfer (EFT) allows your commercial insurance premiums to be deducted automatically from your checking or savings account. You will continue to receive your scheduled billing statements advising you of the amount due and withdrawal date prior to a withdrawal being initiated.

If you are mailing a payment for a current amount due, the completed authorization form and voided check or deposit slip may be included in the enclosed envelope along with your payment.

If you paid your current amount due - either online or by phone - and would like to set your account up for future EFT, please detach the remittance stub from your account statement and include it along with the completed authorization form and voided check or deposit slip in the enclosed envelope to us at:

The Cincinnati Insurance Company P.O. Box 145620 Cincinnati, OH 45250-5620

If you would prefer to email the completed EFT form and voided check or deposit slip, please send it to: <u>directbill\_accounting@cinfin.com</u>





## The Cincinnati Insurance Company The Cincinnati Casualty Company The Cincinnati Indemnity Company

P.O. BOX 145620, CINCINNATI, OHIO 45250-5620
Fax Number 513-881-8087 • Email Address directbill\_accounting@cinfin.com

### INSURED ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I, the undersigned, being a duly authorized representative for the payor listed below, hereby authorize The Cincinnati Insurance Company, or its affiliate or subsidiary, (hereinafter, the Company) to make withdrawals by automatic debit entry on the account listed below for the purpose of paying premiums due the Company. This agreement applies to only the payor specified.

- The authorization granted by the payor applies to the policies listed below, including any subsequent renewal, replacement, substitution or endorsement to any listed policy.
- The payor may add or delete policies by contacting their agency or us as directed above.
- The policies included in this account for payment are only payable by electronic funds transfer with the exception of the " **Audit Option** " explained on page 2.
- A separate form must be completed for each payor, not for each policy.
- Complete both the front and back of this form and sign the back page.

### PAYOR NAME, MAILING ADDRESS and CONTACT INFORMATION:

BUSINESS IMPROVEMENT DISTRICT 101 SOUTH BLVD BARABOO WI 53913

**Email address:** 

**Phone Number:** 

Bill Account Number: 1000641776

If you do not yet have an account number or policy number please indicate the type of policy to be issued (Package, Auto, WC, etc.) and the quote number(s).

POLICY NUMBER(S) (If more space is needed, attach an additional page):

0046173

CHECK	KING ACCOUNT		
Cricci	WING ACCOONT	(Bank Account Number)	(Routing Number)
		(Name of Bank and Name of E	Branch, if any)
		(Address of Bank or Bi	ranch)
Audit Option:	For policy audit(s)	with additional premium due ple	ase select one of the following options:
☐Audit(s) to be	e billed separately a	and not rendered by EFT In	clude all policy audit(s) in EFT transactions
EFT - we will u	ise EFT and autom		due audits are to be billed - direct invoice or by ue from your enrolled account. You may us as directed below.
		FROM A CHECKING ACCOU WITH THIS AUTHORIZATION	NT, A VOIDED SAMPLE CHECK FROM THE
By signing belo	ow, I agree that:		
	Company may <b>with</b> above.	draw premiums when due from	or <b>deposit</b> any return premiums to the accour
	ler for the premium ium at the time a w		ccount must contain enough money to pay the
date a	and amount at least		n amount. We will advise you of the withdrawa I being initiated. The premium due will be cted on your billing statement.
		ve your audits billed separatel y (not applicable in New York):	y and not included in the EFT withdrawal th
		ceived for the audit for premiu o your audit balance, and	m due to us, the EFT withdrawal for premiur
	Re-direction of the premium.	EFT payment may result in yo	ur account being cancelled for nonpayment o
		e a withdrawal prior to the pol ce via the policyholder billing sta	licy effective date or installment date, but wil atement.
		cial institution or bank account l address, fax number or email ad	used for your electronic funds payment please Idress shown below.
	may modify the policumber or email add		applies by contacting us at our billing address
institu reque	ition, or it is withdra est to withdraw this	wn, in writing, by a legally author	elled by the Company or the financial orized representative of the insured(s). A so to be processed. The request may be sent t below.
(Printed Name	and Title of Authori	zed Representative)	(Phone Number)
(Signature of A	Authorized Represer	ntative)	(Date)

Contact us at: **P.O. BOX 145620, CINCINNATI, OHIO 45250-5620** or our fax number: **513-881-8087** or our email address: directbill\_accounting@cinfin.com.

Please return this completed form to the billing address, fax number or email address shown below.

IA 4335 07 13 Page 2 of 2

### Request for \$500 towards the one-time application fee for the Ice Age Trail Alliance: Ice Age Trail Community Program

The Application Committee for the Ice Age Trail Community – Baraboo is requesting \$500 towards the one-time application fee (that totals \$2,500). The Ice Age Trail Community program is a partnership between the Ice Age Trail Alliance (IATA) and communities to raise awareness of the Ice Age National Scenic Trail (IANST) and promote the community and its businesses and services. The community program provides opportunities to entice frequent hikers and visitors of the IANST through activities, events/programs coordinated with local chapters and the IATA itself. The application committee is working with other affiliates to obtain monies towards this one-time application fee, including: Baraboo Area Chamber of Commerce, Village of West Baraboo, City of Baraboo, and University of Wisconsin – Platteville/Baraboo/Sauk County.





### What is the Ice Age Trail Community?

The Ice Age Trail Alliance's Trail Communities program is designed as a symbiotic relationship between the Ice Age Trail Alliance (IATA) and communities near the Trail which enhances awareness of the Ice Age National Scenic Trail (IANST) and improves the quality of life in communities throughout Wisconsin.

Initially, a Trail Community may expand to include broader regions. This program will formalize existing partnerships as well as establish a template that can be used to build partnerships in the future.



### Criteria

A strong community application will include the following:

- An application committee comprised of elected officials, Chamber of Commerce (or related group), businesses and local Ice Age Trail Alliance chapter representatives.
- The community supports the Ice Age Trail Alliance and Ice Age Trail is evident.
- Language for the protection of the Ice Age Trail is included in local land use plans, planning tools, ordinances, and/or guidelines. Or demonstrate support to amend change or add to such plans.
- Involvement with the Ice Age Trail Alliance or Ice Age Trail with a local school including participation, or willingness to participate in, a Saunters program or service-learning event.
- Willingness to host a volunteer-based event such as a Mobile Skills Crew event, local chapter hike(s) or trailwide events.





Prior to filling out the following application, please contact the Ice Age Trail Alliance with questions or concerns, at 608.798.4453 or amy@iceagetrail.org.

I)	Community information
	Town
	City
	Community Name
2)	Contact information of community representative
	Name
	Title
	Address
	City
	State
	Zip
	Phone
	E-mail
3)	Contact information of lead volunteer
	Name
	Title
	Address
	City
	State
	7in





5) Describe community event(s) or plans for event(s) that may include the Ice Age Trail Alliance and Ice Age Trail.

6) Are there existing land protection, management, or development projects that may benefit the Ice Age Trail? Please describe.



7) Attach any documents or links referencing language for the protection of the Ice Age Trail in local land use plans, planning tools, ordinances, and/or guidelines. Or, describe demonstrated support to amend change or add to such plans.

8) Describe why your community should be selected as an Ice Age Trail Community. What can the program do for your community? What can your community do for the Ice Age Trail?

9) What expectations does your community have of the Ice Age Trail Alliance?



10) Please check the hiker services available in your community. (Check all that apply)

Service	Not Available	On The Trail	1-5 Miles From The Trail	6-10 Miles From the Trail	Not Applicable
Lodging					
Camping					
Outfitter					
ATM's					
Hiker Friendly Restaurants					
Laundry					
Grocery					
Showers					
Pharmacy & Medical Services					
Library					
Internet Access					
Post Office					
Public Restrooms					
Discounts for Hikers					
Signage for IAT					
Kiosks about IAT					

11) Please describe any of the hiker services mentioned above.
You are also encouraged to send pictures if possible. (Please rate each)



### 12) What is your community's state of action for each of the following?

Action	Not interested/sure, NA	Thinking about it	Definitely Getting Ready to Do This	Started Taking Actions	Already Doing This
Our community has strong partnerships with public land agencies.					
Volunteer leadership for the IATA in our community is committed.					
New IATA volunteers have stepped up recently.					
Our community offers community-led hikes on the IAT.					
We have made trail protection a priority.					
Our community regularly donates to the IATA.					
We partner with the IATA on programs.					
The IAT is included in our community brochures.					
Information about the IAT is included on our website.					
Community events have a focus on the IAT.					
Our community offers clear communication about the IAT to audiences through websites, signage, newsletters, etc.					

13) The IATA frequently hosts trainings, meetings and conferences. Please list any facilities in your community that can host a group of 40 people or more.



14) Please describe the condition of the access points for the IAT. List any planned improvements that may be needed.

15) Please list the schools actively engaged with using the Ice Age Trail as an educational resource. Include grades and number of youth.

- 16) Please check all of the following your community has:
- □ Visitor or Community Center
- Comprehensive plan and zoning ordinance (Please send in with application)
- Downtown beautification plan (Please send in with application)
- Strategic marketing plan (Please send in with application)

- Shuttle services from IAT to town and vice versa
- Public transportation to airports
- Car rental or taxi service
- Farmers Market



Thank you for your support of the Ice Age Trail Alliance! Please contact us at 608.798.4453 or amy@iceagetrail.org if you have any questions.



# City of Baraboo BID Fund 390 Balance Sheets October 31, 2022 and December 31, 2021

Assets:	Oct	ober 31, 2022	Dece	mber 31, 2021
Current Assets:				
Cash	\$	99,783.45	\$	71,959.02
BID Assessment Receivable		9,214.43		-
Accounts Receivable		-		-
Due from Tax Roll		-		9,464.21
Total Current Assets	,	108,997.88		81,423.23
Total Assets	\$	108,997.88	\$	81,423.23
Liabilities and Fund Equity: Liabilities:				
Accounts Payable	\$	_	\$	1,398.06
Due to General Fund	*	-	•	78.74
Total Liabilities		-		1,476.80
Fund Equity:				
Fund Balance		77,992.22		72,885.41
Designated-Pocket Park		1,954.21		1,954.21
Net Revenues/(Expenditures)		29,051.45		5,106.81
Total Fund Equity		108,997.88		79,946.43
Total Liabilties and Fund Equity	\$	108,997.88	\$	81,423.23

### City of Baraboo BID Fund 390

### Income Statement with Comparison to Budget For The Ten Months Ending October 31, 2022

Revenues:	Curi	ent Month	Ye	ear to Date		Budget	Percentage of Budget
BID Assessment	\$	-	\$	46,900.00	\$	46,900.00	100.00
Contrib Baraboo Public Arts	*	_	*	-	*	-	-
Donations and Contributions		80.00		3,736.20		3,500.00	106.75
Transfer from General Fund		-		-		-	-
Fund Balance Applied		-		-		-	-
Total Revenues	\$	80.00	\$	50,636.20	\$	50,400.00	100.47
Expenditures:							
BID - Economic Development							
Facilities Improvements	\$	-	\$	-	\$	-	-
Facility Improvements		-		-		-	-
Total BID - Economic Development	\$	-	\$	-	\$	-	-
BID - Transfer to Debt Service							
Cost Reallocation	\$	-	\$	-	\$	-	-
Total BID - Transfer to Debt Service	\$	-	\$	-	\$	-	-
BID - Transfer to Capital Projects							
Cost Reallocation	\$	-	\$	-	\$	-	-
Total BID - Transfer to Capital Projects	\$	-	\$	-	\$	-	-
BID - Community Development - BID							
Publishing	\$	-	\$	-	\$	-	-
Prof Services - Auditing		-		1,700.00		2,000.00	85.00
		-		-		-	-
Accounting Services		-		1,700.00		1,700.00	100.00
Parking Lot Development		-		-		1,500.00	-
Appearances/Banners		-		3,032.65		19,000.00	15.96
Promotions		-		15,088.05		22,100.00	68.27
Business Development		-		-		3,250.00	-
Office Supplies		-		64.05		200.00	32.03
Operating Supplies		-		-		-	-
Insurance						650.00	-
Total BID - Community Development - BI	Ε \$	-	\$	21,584.75	\$	50,400.00	42.83
Total Expenditures	\$		\$	21,584.75	\$	50,400.00	42.83
Net Revenues/(Expenditures)	\$	80.00	\$	29,051.45	\$	-	

### City of Baraboo BID - Pocket Park Fund 392 Balance Sheets

### October 31, 2022 and December 31, 2021

Assets:	Octob	er 31, 2022	Decei	mber 31, 2021
Current Assets:				
Cash	\$	-	\$	-
Total Current Assets		-		-
Total Assets	\$	-	\$	-
Liabilities and Fund Equity:				
Liabilities:				
Accounts Payable	\$	-	\$	-
Total Liabilities		-		-
Fund Equity:				
Fund Balance		-		1,949.89
Net Revenues/(Expenditures)		-		(1,949.89)
Total Fund Equity		-		-
Total Liabilties and Fund Equity	\$	-	\$	-

### City of Baraboo

### **BID - Pocket Park Fund 392**

### Income Statement with Comparison to Budget For The Ten Months Ending October 31, 2022

Revenues:	Current Month		Year to Date		Budget		Percentage of Budget	
Interest on Investments	\$	-	\$	-	\$	-	-	
Donations and Contributions		-		-		-	-	
Transfer from BID		-		-		-	-	
Fund Balance Applied		-		-		-	-	
Total Revenues	\$	-	\$	-	\$	=	- -	
Expenditures:								
BID - Pocket Park - Community Development	- BID							
Operating Expense	\$	-	\$	-	\$	-	-	
Land or Land Improvements		-		-		-	-	
Facilities Improvements		-		-		-	-	
Total BID - Pocket Park - Community Deve	\$	-	\$	-	\$	-	-	
Total Expenditures	\$	-	\$	-	\$	-	-	
Net Revenues/(Expenditures)	\$	-	\$	-	\$	-	_	

Period: 01/22 - 10/22 Nov 11, 2022 10:08AM

Date	Journal	Reference Number	Payee or [	Description	Account Number	Debit Amount	Credit Amount	Balance
Publishing			01/01/2022 (00/	/22) Balance	390-69-56700-210-000			.00
YTD Encum	brance	.00 YTC	O Actual .00 Total	.00 YTD Budget	.00 Unexpended	.00		
Prof Service 05/26/2022	•		01/01/2022 (00/ CLIFTONLARSONALLE **VendorNo: 3903 **Inv 5/26/2022 **PO No:	N LLP	390-69-56700-214-000 c: BID-AUDIT 2021 **Inv. D	1,700.00 ate:		.00
YTD Encum	brance	.00 YTC	O Actual 1,700.00 Tot	al 1,700.00 YTD Bud	dget 2,000.00 Unexpend	ded 300.00		
Accounting 9 08/12/2022		577	01/01/2022 (00/ CITY OF BARABOO **VendorNo: 493 **Inv. Date: 8/12/2022 **PO N	No: 12640 **Desc: BID-A	390-69-56700-219-000 ADMIN SERVICES 2022 **Ir	1,700.00 nv.		.00
YTD Encum	brance	.00 YTD	O Actual 1,700.00 Tot	al 1,700.00 YTD Bud	dget 1,700.00 Unexpend	ded .00		
Parking Lot	Developme	nt	01/01/2022 (00/	/22) Balance	390-69-56700-300-970			.00
YTD Encum	brance	.00 YTC	O Actual .00 Total	.00 YTD Budget	1,500.00 Unexpended	1,500.00		
Appearance 02/23/2022		565	01/01/2022 (00. GRABER MANUFACTUI **VendorNo: 1018 **Inv. BIKE RACK **Inv. Date	RING INC v. No: 88475 **Desc: BID-	390-69-56700-300-971 -CUSTOM CIRCUS WHEEL	150.00		.00
05/18/2022	AP	793	SCHERTZ, AMY  **VendorNo: 3750 **Inv  **Inv. Date: 5/18/2022 *		sc: BID-SPRING PLANTERS	534.22 S		
01/29/2022	AP	671	DOWNTOWN BARABOO **VendorNo: 723 **Inv. **Inv. Date: 1/29/2022 *	No: 7498 **Desc: BID-H	OLIDAY LIGHTS MENARDS	271.56		
06/06/2022	AP	928	LANDSCAPE TECHNIQ  **VendorNo: 1437 **Inv. BASKETS **Inv. Date:	v. No: 25357 **Desc: BID-	-SPRING 2022 HANGING	1,860.00		
08/04/2022	AP	579	CITY OF BARABOO **VendorNo: 493 **Inv. DOWNTOWN **Inv. Da		-DOG WASTE ROLLS FOR	216.87		
YTD Encum	brance	.00 YTC	O Actual 3,032.65 Tot	al 3,032.65 YTD Bud	dget 19,000.00 Unexpen	ided 15,967.35		
Promotions 02/11/2022	AP	633	01/01/2022 (00. ORTNER-BLAKE, LORF **VendorNo: 1847 **Inv 2/11/2022 **PO No:	RAINE	390-69-56700-300-972  UPDATE ADS **Inv. Date:	66.30		.00
03/26/2022	AP	682	CAPITAL NEWSPAPER:  **VendorNo: 420 **Inv.  **Inv. Date: 3/26/2022 *	No: 93895-1 **Desc: BID	)-DEVILS LAKE PARK GUID	1,550.00 E		
03/12/2022	АР	754		No: 0312222 **Desc: BII IARKET **Inv. Date: 3/12	D-WORDFENCE PREMIUM /2022 **PO No:	99.00		

Period: 01/22 - 10/22

Date	Journal	Reference Number	Payee or Description	Account Number	Debit Amount	Credit Amount	Balance
04/07/2022	AP	853	SKILLET CREEK MEDIA  **VendorNo: 2319 **Inv. No: 1540 **Desc: BID-HOSTING 3/1/22 TO 3/1/23 **Inv. Date: 4/7/202		125.00		
03/17/2022	AP	895	VINYL GRAPHICS FOR YOU LLC  **VendorNo: 2644 **Inv. No: 1630 **Desc: BID-I Date: 3/17/2022 **PO No:		323.75 nv.		
04/04/2022	AP	976	WATERFRONT GRAPHIC DESIGN  **VendorNo: 4062 **Inv. No: 13336 **Desc: BID Date: 4/4/2022 **PO No:	-BANNER & AD DESIGNS *	275.00 *Inv.		
04/15/2022	AP	530	CAPITAL NEWSPAPERS  **VendorNo: 420 **Inv. No: 96935-1 **Desc: BIE Date: 4/15/2022 **PO No:	D-DEVIL'S LAKE MAP **Inv.	550.00		
05/30/2022	AP	1033	PETIT, KATE  **VendorNo: 4046 **Inv. No: MAY2022 **Desc: MANAGER MAY 2022 **Inv. Date: 5/30/2022 **I		500.00		
07/09/2022	AP	595	DILLMAN, NANCY  **VendorNo: 685 **Inv. No: 70389342-070922 * SECURITY **Inv. Date: 7/9/2022 **PO No:	*Desc: BID-JETPACK WEBS	99.00 ITE		
06/13/2022	AP	745	WDIH  **VendorNo: 2709 **Inv. No: 743462 **Desc: BI ATTRACTIONS AND MORE **Inv. Date: 6/13/20		2,500.00		
07/08/2022	AP	804	PETIT, KATE  **VendorNo: 4046 **Inv. No: JULY2022 **Desc: JULY 2022 **Inv. Date: 7/8/2022 **PO No:	BID-FARMER'S MARKET M	500.00 GT		
07/01/2022	AP	805	PETIT, KATE  **VendorNo: 4046 **Inv. No: JUNE2022 **Desc MANAGER **Inv. Date: 7/1/2022 **PO No:	: BID-JUNE FARMERS MAR	500.00 KET		
09/15/2022	AP	690	DOWNTOWN BARABOO INC.  **VendorNo: 723 **Inv. No: 7532 **Desc: BID-LI 9/15/2022 **PO No:	GHT PARADE **Inv. Date:	3,000.00		
09/15/2022	AP	691	DOWNTOWN BARABOO INC.  **VendorNo: 723 **Inv. No: 7532 **Desc: BID-H Date: 9/15/2022 **PO No:	OLIDAY ADVERTISING **In	2,000.00 v.		
09/15/2022	AP	692	DOWNTOWN BARABOO INC.  **VendorNo: 723 **Inv. No: 7532 **Desc: BID-E 9/15/2022 **PO No:	VENTS MANAGER **Inv. Da	3,000.00 ate:		
YTD Encumb	orance	.00 YTE	Actual 15,088.05 Total 15,088.05 YTD B	udget 22,100.00 Unexpe	nded 7,011.95		
Business Dev	velopment	t	01/01/2022 (00/22) Balance	390-69-56700-300-973			.00
YTD Encumb	orance	.00 YTE	Actual .00 Total .00 YTD Budget	3,250.00 Unexpended	3,250.00		
Office Supplice 12/31/2021		536	01/01/2022 (00/22) Balance CITY OF BARABOO **VendorNo: 493 **Inv. No: 12545 **Desc: BID- POSTAGE **Inv. Date: 12/31/2021 **PO No:	390-69-56700-310-000 3RD & 4TH QTR COPIES &	78.74		.00
12/31/2021	JE	2	RJE 12 116 Reverse payables to City			78.74-	

CITY OF BARABOO

### Detail Ledger - BID Detail Rev/Exp

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lournal	Reference		Payee or Neso	rintion	Account	Debit Amount	Credit	Balance
———		-	1 ayee or Desc			Amount	Amount	Dalarice
AP	568	CITY O	F BARABOO			63.77		
					QTR 2022 COPIES /			
AP	578	CITY O	F BARABOO			.28		
				12640 **Desc: BID CO	PIES **Inv. Date: 8/12/202	2		
ance	.00 YTD	Actual	64.05 Total	64.05 YTD Budget	200.00 Unexpended	135.95		
plies			01/01/2022 (00/22)	Balance 3	90-69-56700-340-000			.00
ance	.00 YTD	Actual	.00 Total	.00 YTD Budget	.00 Unexpended	.00		
			01/01/2022 (00/22)	Balance 3	90-69-56700-510-000			.00
ance	.00 YTD	Actual	.00 Total	.00 YTD Budget	650.00 Unexpended	650.00		
of Trans	actions: 26 N	Number o	of Accounts: 10		_	Debit	Credit	Proof
D:						24 662 40	70.74	21,584.75
	ance ance ance of Trans	AP 578  AP 578  ance .00 YTD  ance .00 YTD  of Transactions: 26 N	AP 568 CITY OF **Vend POSTA  AP 578 CITY OF **Vend **PO N  ance .00 YTD Actual  ance .00 YTD Actual  ance .00 YTD Actual  ance .00 YTD Actual	Number	Number	Number   Payee or Description   Number	Number   Payee or Description   Number   Amount	Number   Payee or Description   Number   Amount   Amount

CITY OF BARABOO	Detail Ledger - BID Detail Rev/Exp	Page: 4
	Period: 01/22 - 10/22	Nov 11, 2022 10:08AM

Date	Journal	Reference Number	Payee or Des	cription	Account Number	Debit Amount	Credit Amount	Balance
Operating E	Expense		01/01/2022 (00/22	) Balance	392-69-56700-300-000			.00
YTD Encum	mbrance	.00 YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended	.00		
Land or Lar	nd Improver	ments	01/01/2022 (00/22	) Balance	392-69-56700-821-000			.00
YTD Encun	mbrance	.00 YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended	.00		
Facilities Im	nprovement	s	01/01/2022 (00/22	) Balance	392-69-56700-861-000			.00
YTD Encun	mbrance	.00 YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended	.00		
Transfer to	BID		01/01/2022 (00/22	) Balance	392-69-59200-900-000			.00
YTD Encun	mbrance	.00 YTD Actual	.00 Total	.00 YTD Budget	.00 Unexpended	.00		
Numl	ber of Trans	sactions: 0 Number of	f Accounts: 4			Debit	Credit	Proof
Total	BID - Pock	et Park:				.00	.00	.00
	ber of Trans d Totals:	sactions: 26 Number	of Accounts: 14			Debit 21,663.49	Credit 78.74-	Proof 21,584.75